



# Application for Sexually Orientated Establishment Business Operator License

Per Section 12.17 of the Municipal Code

Department of City Planning  
174 E. Wisconsin Avenue Oconomowoc, WI  
www.oconomowoc-wi.gov | 262.569.2166

**TYPE OF LICENSE** (*check one*)

**FEE: \$250.00/Annually**

Non-Live Entertainment:

Adult Bookstore/Video Store \_\_\_\_\_  
Adult Cabaret \_\_\_\_\_  
Adult Motion Picture Theater \_\_\_\_\_

Live Entertainment:

Adult Theater \_\_\_\_\_

## INDIVIDUAL OR PARTNERSHIP

Full Name(s): (*Last/First/Middle*)                      Home Address                      City/State/ZipCode                      Soc/sec. No. or FEIN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CORPORATION

Full Name of Corporation: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Address of Corporation: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

- \* If a Wisconsin Corporation, attach a certified copy of the articles of incorporation; together with all amendments thereto;
- \* If a foreign corporation, attach a certified copy of the certificate of authority to transact business in this state, together with all amendments thereto;
- \* If a limited partnership formed under the laws of the State of Wisconsin, attach a certified copy of the certificate of limited partnership, together with all amendments thereto.

## ALL OFFICER(S), DIRECTOR(S), STOCKHOLDER(S) HOLDING 10% OR MORE OF THE STOCK OR BENEFICIAL OWNERSHIP OF THE CORPORATION:

Name(s): (*Last/First/Middle*)                      Home Address                      City/State/ZipCode                      Soc/sec. No. or FEIN

President/Member: \_\_\_\_\_

Vice-President/Member: \_\_\_\_\_

Secretary/Member: \_\_\_\_\_

Treasurer/Member: \_\_\_\_\_

Director/Stockholder: \_\_\_\_\_

Agent: \_\_\_\_\_

## NAME OF ESTABLISHMENT

Name under which the establishment is to be operated: \_\_\_\_\_

Expected Start-up Date: \_\_\_\_\_

## LOCATION

**Location of Business:** \_\_\_\_\_

Legal Description of tract of land which establishment is to be located (*attach separate sheet*)

Tax Key No. \_\_\_\_\_

Date property was purchased: \_\_\_\_\_

- Attach proof of the current ownership of the tract of land or if not the owner then the lease, purchase contract, purchase option contract, lease option contract or other document(s) evidencing the legally enforceable right of the owner(s) to have or obtain the use and possession of the tract.
- Attach a plat of survey, prepared by a registered land surveyor depicting the property lines and all structures contained within 300 feet of the property to be certified; and the property line of any established religious institution/synagogue, school, public park or recreation area with 300 feet to the property to be certified.
  - The location **is/is not** within 300 feet of any church, synagogue mosque, temple or building which is used primarily for religious worship and related religious activities
  - The location **is/is not** within 300 feet of any educational facility as defined by the zoning code
  - The location **is/is not** within 300 feet of a public park or recreational area
  - The location **is/is not** with 300 feet of the property line of a lot zoned for residential use
  - The location **is/is not** with 300 feet of another sexually oriented business.
  - Attach a sketch or diagram showing the floor-plan configuration of the premises, including a statement of total floor space occupied by the business. The sketch or diagram need not be professional prepared but must be drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six inches.

**ALL INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP  
APPLICANT MUST SIGN; CORPORATE OFFICER(S),  
LIMITED LIABILITY COMPANY MEMBERS/MANAGERS MUST SIGN**

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Clerk/Notary Public)

**My Commission Expires:** \_\_\_\_\_

\_\_\_\_\_  
(Officer of Corporation/Partnership/individual/Member/Manager)

\_\_\_\_\_  
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\_\_\_\_\_  
(Officer of Corporation/Partnership/Individual/Member/Manager)

**FOR OFFICE USE ONLY**

**Inspections Made:**

- Building Inspection
- Police Department
- Fire Department
- Planning/Zoning Inspection
- Proof of Ownership**
- Plat of Survey**
- Sketch or diagram of floor plan**

**CLERK'S CERTIFICATION**

**I do** hereby certify that the foregoing application has met all the requirements of Section 12.17 of the Municipal Code, and the license was

granted on: \_\_\_\_\_

and that I have issued the Sexually Oriented Business **License No.** \_\_\_\_\_

on: \_\_\_\_\_

**Issued by:** \_\_\_\_\_

(City Clerk)